

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>12/29/04</u>		2 Serial/Patent # <u>10/815,547</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		<u>12/13/04</u>	\$ 130
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 130</u>
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Please grant me</i>		9	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>CHARLENE GRAFT</u>		TITLE: <u>Attorney</u>	
SIGNATURE: <u>C. Graft</u>		PHONE: <u>272-3215</u>	
OFFICE: <u>PCTRA</u>		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>Alvin C. Graft</u>		DATE: <u>12/30/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B